

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John H. Hinck**

Mailing Address 211 McLaws Circle, Ste2

City  
Williamsburg

State Zip Code  
VA 23185-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hinck Financial Services

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : 9861675

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Karen T. Kane**

Mailing Address PO Box 20185

City  
Portland

State Zip Code  
OR 97294-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Insurance Solutions NW, Inc.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : 9861681

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. John Davidson**

Mailing Address 7632 SW Durham Road  
Suite 115

City  
Tigard

State Zip Code  
OR 97224-7597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davidson Benefits Planning, LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

Transaction ID : 9861685

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00